

**The School District of Escambia County**

JE HALL Educational Services Center  
30 East Texar Drive  
Pensacola, FL. 32503  
<http://www.escambiaschools.org>

## Parent Acknowledgment Form for Student At-Risk of Suicide

School: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

As the parent/guardian of the student, whose name is \_\_\_\_\_, I have authority to make decisions on behalf of my child and have the authority to sign this document.

I acknowledge that I have been advised by school staff member \_\_\_\_\_ on (date) \_\_\_\_\_ that my child has expressed suicidal ideation and may be at risk of suicide.

I understand that I have been advised to take my child immediately to the appropriate medical and/or mental health providers for evaluation and any treatment recommended by the provider.

I agree to provide appropriate information to \_\_\_\_\_ (name of school staff member) regarding any evaluations and/or treatment received from the mental health provider that will prepare the school to support my child's re-entry into the academic setting.

\_\_\_\_\_ (name of staff member) will follow-up with me and my child within one week from the date of this letter, as well as other times that the staff member determines.

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and not a requirement that I use these providers. I am free to select other providers of my choice.

The school/district is not responsible for evaluation expenses for any services providers.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian current address and phone contact information: Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Staff member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_